

# A State Medical Association on the Move

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A FULL-FLEDGED RESEARCH DEPARTMENT that provides current socio-economic data for well informed planning for the role of medicine in California; an educational subsidiary that not only pays its own way, but last year provided more than \$112,500 for medical education, and a clearing-house for postgraduate courses that can provide instant information on almost every continuing education course scheduled to be held in California during the next five years—these are only three of the forward-looking programs the California Medical Association has developed and is vitally concerned with in this age of emphasis on health care.

When a handful of family doctors founded a state medical association for California in 1856, they established the constitutional purpose that continues to provide a solid basis for these and the myriad of other activities carried on by today's 23,000-member CMA:

"To promote the science and art of medicine, the protection of public health, and the betterment of the medical profession."

In that purpose the present-day California physician recognizes his growing responsibility to lead the way in solving health problems facing the public, and through his local medical society and the California Medical Association, he is meeting this obligation.

The CMA also is meeting the needs of the individual physician. Through a committee/commission and Council structure that involves hundreds of physicians, the problems become known and solutions are explored, discussed, decided upon and carried out.

As Executive Director of this growing, dynamic organization, I must admit a certain amount of

pride in the accomplishments of the CMA. The thousands of physician-hours devoted to CMA programs are resulting in healthier, safer Californians, and a state in which a physician can be proud to carry on the tradition of his profession. It has been said that California is leading the way for Medicine in the United States. If this is so, the credit must be divided between the progressive, pioneer doctors of early California, whose goals are as appropriate now as they were in 1856, and the California physicians of the 20th century who have continued to look toward the future.

While some of the programs of the CMA are noteworthy because they are unique in their conception, others are outstanding for the degree of their development. Both deserve comment when one is selecting outstanding CMA accomplishments for discussion.

## CMA Council

The Council of the CMA, which is responsible for managing the affairs of the organization, implementing the policies approved by the CMA House of Delegates at its annual meeting and determining CMA policies between annual meetings, usually meets ten times each year in regular session. The composition of the Council is geographical, numerically uniform and representative of all major fields of practice of California physicians.

By inviting representatives of other health-oriented organizations, officials of state agencies concerned with public health and deans of medical schools to each of its regular meetings, the Council maintains constant contact and communication with them. During the past year, attendance and interest of these organizations in the meetings of the Council have indicated their desire to maintain and build the liaison that has been developed.

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## Bureau of Research and Planning

CMA was the first state medical association to develop a full-scale research component, its Bureau of Research and Planning, staffed by the Division of Socio-Economics and Research. CMA relies heavily upon studies made by the bureau and our research staff to guide its policy decisions and action programs.

Professional liability coverage, one of the most pressing problems of California physicians, recently was the subject of one of the bureau's surveys. The research determined types of coverage physicians carry, premium rates, and which are the major carriers in the state. The information gathered is being used to draft and support new malpractice legislation being sponsored by CMA in the California legislature.

The bureau is continuing a semi-annual survey of changes in physicians' fees that was begun in 1962. A random sample of 1,000 physicians supplies data about usual and customary fees for 27 selected procedures, from which a fee index is computed.

A recent study of the attitudes and habits of California physicians with regard to cigaret smoking received a considerable amount of publicity in the news media. This study was funded by the State Department of Public Health as an aid to the Inter-Agency Council on Smoking and Health.

The CMA has a long history of concern for continuing physician education, and the research staff is cooperating with the Committee on Continuing Education to conduct a three-year census to compile extensive information about formal continuing education courses, and another survey will determine if continuing medical education programs currently offered are meeting the needs of physicians.

Results of many of the CMA studies are published in monthly *Socio-Economic Reports*.

## Audio-Digest Foundation

It has been 15 years since the CMA House of Delegates saw sufficient promise in a fledgling postgraduate enterprise called Audio-Digest Foundation to adopt it as a nonprofit subsidiary. Since then, it has grown from a local, small-scale experiment with weekly taped reports from medical journals and meetings for general physicians to twice-a-month subscription services for seven specialties. The number of subscribers now is about 15,000; and since the tapes often are listened to by groups,

the total number of listeners is estimated at 50,000. Like CMA, Audio-Digest is looking forward to the future; it already has cartridge tapes available to play on automobile stereo tape equipment, and has begun experimenting with videotape production.

Almost half a million dollars has been contributed by Audio-Digest to medical education since its inception in 1953. As an editorial writer in *CALIFORNIA MEDICINE* observed some years ago, "Lo: a benign cycle. Medical education is broadened as the number of subscribers increases, and the more subscribers the more revenues, and the more revenues the greater the cash contributions in support of medical education." A truly benign cycle.

## Postgraduate Clearinghouse

CMA does more than sponsor its own postgraduate programs. It has a department that serves as a statewide center for coordination of postgraduate medical education—the focal point for *all* organizations in the state that sponsor continuing education courses in medicine. These groups call upon CMA to bring their programs to the attention of physicians *and* to coordinate their programs by resolving conflicts in time, subject matter and location. Last year in California, almost 400 scientific meetings and postgraduate courses rendered 6,756 hours of instruction.

In addition, CMA publishes a detailed chronological listing of each available educational opportunity in *What Goes On*, which is mailed nine times a year to every physician and medical organization in California and Hawaii. Hospitals and county medical societies receive *Medical Dates Bulletin* — a poster-size chronological listing of courses and meetings projected over a six-month period.

## Physician Placement

One of the most active physician placement services in the country is operated by the CMA. An average of one physician is placed in a practice every three days through its bulletin, *Opportunities for Practice in California*. This bi-monthly publication has a circulation of about 3,000, going to California hospitals with residency programs, to county medical societies and to medical schools throughout the country. A copy also is sent to each newly licensed California physician, and about 1,500 are distributed bi-monthly to individuals and organizations upon request.

## Professional Liability

The rising cost of medical malpractice insurance continues to be a problem in California, as it is throughout the United States. The California Medical Association is taking positive steps to solve the problem, however, and this spring, has had introduced into the state legislature a package of six bills that should lead to a better "professional liability atmosphere" in California.

The bills would:

- Provide for a separate trial of the defense of the statute of limitations before any other issue in the case can be tried, upon motion of either party.
- Place upon the plaintiff the burden of proving the defendant's negligence, and would establish that injury alone does not constitute either the presumption or inference of negligence.
- Extend the present concept of privileged communications to the proceedings and/or records of medical review committees of local medical societies and hospital staffs.
- Require that the time limit for commencement of an action against a physician begin with the date of the alleged wrongful act unless fraud or intentional concealment is proven.
- Provide that any advance payment by an insurance carrier to an injured party could not be construed as an admission of liability.

In addition, CMA is contemplating the submission of legislation that would set reasonable limits for damages under personal injury awards to insure that premium rates for this type of coverage will not become prohibitive; and that would set some boundaries on the doctrine of "informed consent."

CMA also has sponsored, with the California Hospital Association, a statewide workshop to develop constructive solutions for the problems. Conclusions from the workshop will provide the outline for a series of regional professional liability workshops for physicians to discuss recommendations and encourage implementation where feasible.

## The Scientific Board

A 36-member Scientific Board that is responsible for all educational and scientific activities of the CMA is another unique element in the structure of CMA. The board, formed in 1962, brings together a representative from each of the 18 scientific sections of the CMA, and 18 members-at-large repre-

senting broad categories of medicine, including internal medicine, surgery, general practice, obstetrics and gynecology, pediatrics and neurology and psychiatry. Any branch or field of medicine may be included in the broad categories. In this way the board draws together elements that otherwise tend to be divergent or even at cross purposes.

Eighteen board members are ex officio members of the House of Delegates and one member of its executive committee is a member of the CMA Council.

Specific responsibilities of the board include planning the annual scientific assembly of the CMA; sponsoring continuing medical education and publication of *CALIFORNIA MEDICINE*. The board also serves as a source of scientific information for CMA members, the House of Delegates, CMA Council, and commissions and committees and the general public.

## Mental Health

The State Department of Mental Hygiene and the CMA have been working together toward better care for the mentally ill in California for a number of years. Four years ago, the SDMH requested CMA to survey California's mental facilities. A team of 81 CMA members conducted an 18-month examination and made 230 recommendations, which were accepted by the department for implementation.

Again last year, CMA offered its services for an independent study of the same 14 institutions after critical reports of their operations stirred serious repercussions throughout the state. The CMA's evaluation brought almost immediate action by the Governor to improve conditions at the 14 hospitals.

In other areas of mental health, the CMA has long encouraged communities to utilize and improve their local facilities for mental health treatment. The Short-Doyle Act — supported by the CMA — provides for establishment of local programs with the consultation of the SDMH in planning and initiating approved mental health efforts. It is based on the concept that the archaic custom of isolating the mentally ill in remote custodial asylums must be replaced by effective community-operated programs of rehabilitative treatment.

## Medical Staff Surveys

Because CMA believes that communities ought to be assured that their local hospital medical staffs receive continuous review by practicing physicians, it became the first medical association in the nation

to formalize a plan for medical self-government and self-evaluation. In the program, practicing physicians from CMA's Medical Staff Survey teams join local community physicians to evaluate the care rendered and reviewed by hospital medical staffs. The California Hospital Association has made the survey a provision of membership as of 1 January 1969, and by the end of June of this year, 525 of California's 542 acute, short-term hospital medical staffs had requested and received staff surveys of their professional conduct under this program.

The state also has used the teams' services to determine hospitals eligible to participate in the Title 19 program of Medicare.

### **Government Relations**

Liaison with federal and state government is recognized by CMA as a vital component of an effective medical organization today; and to fulfill that role, CMA has a full-fledged Division of Government Relations. In addition, CMA works very closely with the Public Health League (an organization that keeps state legislators informed of CMA's position on health legislation) and with CALPAC (California Volunteers for Political Action).

The Division of Government Relations employs two staff men in Sacramento, the state capital, and three at the CMA office in San Francisco. The division develops and maintains relationships with government officials, and coordinates CMA committee programs that are in response to federal or state law or are administered by a state agency, bureau or department.

The division is not only responsible for keeping tabs on existing government health care programs, but also for maintaining current information on legislative proposals; analyzing legislative proposals in relation to their effect on medical care; informing the CMA of legislative developments; making arrangements for CMA testimony before legislative fact-finding bodies; recommending initiation of legislation by CMA; preparing CMA-sponsored legislation, and a myriad of other activities.

The division also is responsible for activities that affect the professional welfare of CMA members, such as professional liability, group disability insurance and administration of the Keogh retirement plan for physicians in California.

### **Research Library**

The CMA maintains one of only two libraries in the United States limited to socio-medical economics—and according to available comparisons, the CMA library is the most comprehensive. Included in its subject matter are health insurance, health manpower, Medicare, hospital medical staff relationships, medical education, public assistance medical care, social insurance, public health, mental health and medical sociology.

The collection consists of approximately 3,500 monographs and 275 periodicals, and by continuous weeding it is kept current: two years is the usual time limit, with only a few exceptions.

The library also indexes and abstracts all actions taken by the CMA Council and House of Delegates; within the past year, the library began storing this information on computer tapes so it can be supplemented and modified without retyping the entire body of material. The new system will provide a reference tool that will make CMA official policies more accessible and more easily related to current actions under consideration.

The library is used most extensively by the CMA Bureau of Research and Planning, but it serves all CMA members, commissions and committees upon request.

### **Maternal and Infant Mortality**

For more than ten years, five CMA regional committees, aided by special consultants provided by the State Department of Public Health, have reviewed every reported maternal death in California. The information gained from these studies is used for professional and lay education throughout the state.

In instances where the committee feels there were avoidable factors in maternal deaths, or when especially commendable management is apparent, educational letters are sent by registered, to-addressee-only mail, to the attending physicians and/or hospital administrators concerned. To date, 320 letters have been sent. This procedure has been accepted, even to the event of replies indicating corrective action being taken and the use of the reports for educational purposes.

An in-depth study of infant deaths resulting from hemolytic disease of the newborn was recently completed. The study was initiated to improve management of this disease, which is fatal to approximately 200 infants in California each year. A study of bacterial meningitis in infants and

children has been planned to follow the hemolytic disease studies.

### Health Tips

In 1961 CMA launched its lay health education series, *Health Tips*. Physicians donate their services to the series by choosing topics, providing basic information and reviewing all publications prior to their release to the public. Subjects range from accidental poisoning to venereal disease.

*Health Tips* are distributed monthly to 2,139 school personnel; 273 newspapers (including large metropolitan dailies and United Press International, as well as small community weeklies); 104 employee publications, 42 labor publications, 19 farm publications, 113 health agencies and 961 miscellaneous outlets. The total circulation of 3,651 (all by request) is an increase of 58 percent over one year ago.

Descriptions of the positive, action programs of the CMA and its network of organizational and individual liaisons could go on almost indefinitely.

Not even touched upon in this report are CMA activities that have improved the workmen's compensation program in California; that have taken a strong public stand against cigaret smoking; that sponsor conferences for the many organizations endeavoring to upgrade occupational health; that have improved medical care in extended care facilities; that are helping communities prepare for emergencies through disaster medical care programs; that are preparing a special study on chloramphenicol, and that have rallied to reduce the health manpower shortage in California.

Reflected in all the programs of the California Medical Association are its willingness to recognize problems and tackle them, its dedicated, well informed leadership by physicians, its well-coordinated programs and its readiness to cooperate with allied health organizations, educators and government. All its surge forward is summed in an *attitude* that is achieving for all of California the goals to which the members of the CMA aspired 112 years ago.

### LOCATING A VESICOVAGINAL FISTULA

"I have a little trick which has worked very well for me in trying to locate a vesicovaginal fistula. It's very simple; you put a Foley catheter in the vagina and distend the balloon. It doesn't have to fit airtight. Put a sphygmomanometer bulb at the end of your Foley catheter and have a nurse pump it while you are cystoscoping the patient with some water in the bladder. You will see little bubbles coming up from the floor of the bladder which will then pinpoint the vesicovaginal fistula for you. Also if there is more than one, it will help you to diagnose that."

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